Instructions Related to 270/271 Health Care Eligibility Benefit Inquiry and Response (270/271) Based on ASC X12 Implementation Guide

Companion Guide Version Number: 1.1 February 3, 2012

Preface

Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the companion guide when the publishing entity wants to clarify the Implementation Guide instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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270/271 Health Care Eligibility Benefit Inquiry and Response Transaction Instructions

1 Transaction Instructions Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) carries provisions for administrative simplification. This requires the Secretary of the federal Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from modifying any:

- Defining, explanatory, or clarifying content contained in the implementation guide.
- Requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirement documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with the ASC X12 Implementation Guides' Fair Use and Copyright statements.

1.3 Companion Guide Audience

Companion guides are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal HIPAA regulations.

1.4 Purpose of Companion Guides

The information contained in this companion guide applies to ForwardHealth, which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program (WCDP), the Wisconsin Well Woman Program (WWWP), and Medicaid managed care programs. All of these programs use ForwardHealth interChange for processing.

The companion guides are to be used with HIPAA Implementation Guides and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guides is to provide trading partners with a guide to communicate ForwardHealth-specific information required to successfully exchange transactions electronically with ForwardHealth.

ForwardHealth will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain ForwardHealth-specific information, though processed, may be denied for payment. For example, a compliant 837 Health Care Claim (837) created without a ForwardHealth member identification number will be processed by ForwardHealth but will be denied payment. For questions regarding appropriate billing procedures, as well as for policy and billing information, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

Companion guides highlight the data elements significant for ForwardHealth. For transactions created by ForwardHealth, companion guides explain how certain data elements are processed. Refer to the companion guide first if there is a question about how ForwardHealth processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979.

1.5 National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth requires all health care providers to submit their NPI on electronic transactions.

1.6 Acceptable Characters

All alpha characters used in HIPAA transactions must be in an uppercase format. The HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream.

1.7 Acknowledgements

An accepted 999 Implementation Acknowledgement, rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the ForwardHealth Portal to determine the status of their files.

1.8 Examples

See Section 4.1 of this guide for examples.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and are included in Section 3 of this guide.

Unique ID	Name
005010X279A1	270/271 Health Care Eligibility Benefit Inquiry and Response

3 Instruction Tables Eligibility 270/271

These tables contain one or more rows for each segment for which supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

3.1 005010X279A1 — 270 Health Care Eligibility Benefit Inquiry

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements. *Note:* Deviating from the standard ISA element sizes will cause the interchange to be rejected.
	ISA03	Security Information Qualifier	00	Use “00” to indicate no Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	Enter the value “ZZ”, which is mutually defined.
	ISA06	Interchange Sender ID		Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	ISA07	Interchange ID (Receiver) Qualifier	ZZ	Enter the value “ZZ”, which is mutually defined.
	ISA08	Interchange Receiver ID	WISC_DHFS	Enter “WISC_DHFS”.
	ISA13	Interchange Control Number		The interchange control number assigned in ISA13 must be identical to the value in IEA02. If these numbers do not match, the transaction will not be processed.
	ISA16	Component Element Separator	:	ForwardHealth interChange recommends the use of a colon “:” in this field.
	GS	Functional Group Header		
	GS03	Application Receiver’s Code	WISC_TXIX WISC_WWWP WISC_WCDP	Enter value “WISC_TXIX” for Wisconsin Medicaid, SeniorCare, and BadgerCare Plus, “WISC_WWWP” for the WWWP, or “WISC_WCDP” for the WCDP.
2100A	NM1	Information Source Name		
2100A	NM101	Entity Identifier Code	PR	Enter “PR” to indicate payer.

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM102	Entity Type Qualifier	2	Enter “2” to indicate a non-person entity.
2100A	NM103	Information Source Last or Organization Name	FORWARDHEALTH	Enter “FORWARDHEALTH”.
2100A	NM108	Identification Code Qualifier	PI	Enter “PI” to indicate payer identification.
2100A	NM109	Information Source Primary Identifier	WISC_TXIX WISC_WWWP WISC_WCDP	Enter value “WISC_TXIX” for Wisconsin Medicaid, SeniorCare, and BadgerCare Plus, “WISC_WWWP” for the WWWP or “WISC_WCDP” for the WCDP.
2100B	NM1	Information Receiver Name		
2100B	NM108	Identification Code Qualifier	XX	Enter “XX” to indicate the NPI or enter “SV” to indicate a Service Provider Number. *Note:* Health care providers must enter “XX” for NPI.
2100B	NM109	Information Receiver Identification Number		Enter the 10-digit NPI when “XX” was reported in NM108. Enter the eight or nine-digit provider number when “SV” is entered in NM108.
2100B	REF	Information Receiver Additional Information		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	N3	Information Receiver Address		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	N4	Information Receiver City, State, ZIP Code		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	PRV	Information Receiver Provider Information		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.

Loop ID	Reference	Name	Codes	Notes/Comments
2000C	TRN	Subscriber Trace Number		This segment may be used to assign a trace number to a transaction. 271 responses will contain as many TRN segments as were present on the received 270 inquiry as well as an additional segment originated by the information source.
2000C	TRN02	Trace Number		Use this field to assign a unique trace or reference number for this transaction.
2000C	TRN03	Trace Assigning Entity Identifier		Use this field for an identification number of the entity that originated the reference identification in TRN02.
2100C	NM1	Subscriber Name		
2100C	NM101	Entity Identifier Code	IL	Enter “IL” to indicate the insured or subscriber.
2100C	NM102	Entity Type Qualifier	1	Enter “1” to indicate a person.
2100C	NM103	Subscriber Last Name		Enter the subscriber’s last name.
2100C	NM104	Subscriber First Name		Enter the subscriber’s first name.
2100C	NM108	Identification Code Qualifier	MI	Enter “MI” to indicate the member identification number. *Note:* This can be either a new or an old member ID.
2100C	NM109	Subscriber Primary Identifier		Enter the subscriber’s member ID.
2100C	REF	Subscriber Additional Information		
2100C	REF01	Reference Identification Qualifier	SY HJ	If providing the subscriber’s Social Security number (SSN), use “SY”. If providing the subscriber’s Patient Account Number (PAN), use “HJ”.
2100C	REF02	Subscriber Supplemental Identifier		Enter either the PAN or SSN as qualified by field REF01.
2100C	N3	Subscriber Address		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	N4	Subscriber City, State, ZIP Code		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	PRV	Provider Information		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	DMG	Subscriber Demographic Information		The DMG segment should only be used if the subscriber's date of birth is to be provided.
2100C	DMG01	Date Time Period Format Qualifier	D8	Enter "D8" to indicate a single date.
2100C	DMG02	Subscriber Birth Date		Enter the subscriber's date of birth in the format CCYYMMDD.
2100C	INS	Multiple Birth Sequence Number		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	HI	Subscriber Health Care Diagnosis Code		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	DTP	Subscriber Date		The DTP segment can be used to specify a date or range of dates for which eligibility will be verified. If no DTP segment is present, the member's eligibility will be provided for the date the transaction is processed.
2100C	DTP01	Date Time Qualifier	291	Enter "291" to indicate eligibility.
2100C	DTP02	Date Time Period Qualifier	D8 RD8	Enter one of the following values: • D8 — Indicates that DTP03 will contain a single date. • RD8 — Indicates that DTP03 will contain a range of dates.
2100C	DTP03	Date Time Period		Enter the date(s) of inquiry for the subscriber's benefits in the format CCYYMMDD or CCYYMMDD-CCYYMMDD
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code	30	Enter "30" to indicate health benefit plan coverage.
2110C	AMT	Subscriber Spend Down Amount		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	AMT	Subscriber Spend Down Total Billed Amount		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	III	Subscriber Eligibility or Benefit Additional Inquiry Information		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	REF	Subscriber Additional Information		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	DTP	Subscriber Eligibility / Benefit Date		It is not necessary to submit any data in this segment as it is irrelevant for ForwardHealth interChange purposes. Any data submitted in this segment will not be used in processing the inquiry.
2000D		Dependent Level		Because each subscriber and each of his/her dependents is assigned a unique identification number, dependents are treated as subscribers in the ForwardHealth interChange system. Any data submitted at the dependent level will be processed as a subscriber. *Note:* It is not possible to search by member ID using Dependent Loop.
	IEA	Interchange Control Trailer		
	IEA01	Number of Functional Groups Included in an Interchange	1	The number in this field is a count of the “GS” records created. This must always be a value of “1”.
	IEA02	Interchange Control Number		The number in this field must be identical to the number entered in ISA13.

3.2 005010X279A1 — 271 Health Care Eligibility Benefit Response

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length fields.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA06	Interchange Sender ID	WISC_DHFS	This field will contain "WISC_DHFS".
	ISA07	Interchange ID (Receiver) Qualifier	ZZ	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA08	Interchange Receiver ID		This field will contain the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	ISA11	Repetition Separator	^	This field will contain a caret.
	ISA13	Interchange Control Number		ForwardHealth interChange will assign a number in this field to be used as a distinct tracking number.
	ISA16	Component Element Separator	:	This field will contain a colon.
	BHT	Beginning of Hierarchical Transaction		
	BHT03	Submitter Transaction Identifier		The value in this field will be identical to the unique transaction identifier received in the BHT03 field of the 270 inquiry.
2000A	AAA	Request Validation		This segment will be used in the response if the ForwardHealth interChange eligibility files are unavailable at the time of processing.
2000A	AAA03	Reject Reason Code	42	This field will contain "42" to indicate that ForwardHealth interChange is unable to respond at the current time.
2000A	AAA04	Follow-up Action Code	P	This field will contain a "P" to indicate that the inquiry must be resubmitted.
2100A	NM1	Information Source Name		
2100A	NM101	Entity Identifier Code	PR	This field will contain "PR" to indicate payer.
2100A	NM102	Entity Type Qualifier	2	This field will contain "2" to indicate a non-person entity.
2100A	NM108	Identification Code Qualifier	PI	This field will contain "PI" to indicate payer identification.
2100A	NM109	Information Source Primary Identifier	WISC_TXIX WISC_WWWP WISC_WCDP	This field will contain "WISC_TXIX", "WISC_WWWP", or "WISC_WCDP".

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	PER	Information Source Additional Information		This segment will contain ForwardHealth helpdesk information.
2100A	PER01	Contact Function Code	IC	This field will contain “IC” to indicate information contact.
2100A	PER02	Information Source Contact Name		This field will contain the name of the applicable ForwardHealth program.
2100A	PER03	Communication Number Qualifier	TE	This field will contain “TE” to indicate telephone.
2100A	PER04	Communication Number		This field will contain the telephone number for the associated entity identified in PER02.
2100A	AAA	Request Validation		This segment will be returned if an error was detected in the 2100A loop of the 270 inquiry.
2100A	AAA03	Reject Reason Code	79	This field will contain “79” to indicate that invalid participant identification has been entered in loop 2100A, field NM109 of the 270 inquiry.
2100A	AAA04	Follow-up Action Code	C	This field will contain “C” to indicate that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2100B	NM1	Information Receiver Name		The values returned to the receiver in this segment will be identical to the values sent by the information receiver in the 270 inquiry.
2100B	REF	Information Receiver Additional Identification		This segment will not be returned.
2100B	N3	Information Receiver Address		The values returned to the receiver in this segment will be identical to the values sent by the information receiver in the 270 inquiry.
2100B	N4	Information Receiver City, State, ZIP Code		The values returned to the receiver in this segment will be identical to the values sent by the information receiver in the 270 inquiry.
2100B	AAA	Information Receiver Request Validation		This segment will be returned if there was a problem with the 2100B loop, NM1 receiver name segment of the 270 inquiry.

Loop ID	Reference	Name	Codes	Notes/Comments
2100B	AAA03	Reject Reason Code	51 50	This field will contain one of the following values: • "51" — Indicates that the provider is not contained in the information source's files. • "50" — Indicates that the provider is ineligible for inquiries.
2100B	AAA04	Follow-up Action Code	C	This field will contain "C" to indicate that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2100B	PRV	Information Receiver Provider Information		This segment will not be returned.
2000C	TRN	Subscriber Trace Number		This segment will be used to return the trace number received in the associated subscriber loop of the inquiry as well as to assign a unique ForwardHealth interChange trace number.
2100C	NM1	Subscriber Name		
2100C	NM101	Entity Identifier Code	IL	This field will contain "IL" to indicate insured or subscriber.
2100C	NM102	Entity Type Qualifier	1	This field will contain "1" to indicate a person.
2100C	NM103	Subscriber Last Name		This field will contain the subscriber's last name.
2100C	NM104	Subscriber First Name		This field will contain the subscriber's first name.
2100C	NM108	Identification Code Qualifier	MI	This field will contain "MI" to indicate the member ID.
2100C	NM109	Subscriber Primary Identifier		This field will contain the subscriber's current member ID.
2100C	REF	Subscriber Additional Identification		The member's PAN will only be returned if it was present in the 270. The member's SSN will be returned if the member was found in the ForwardHealth interChange database. *Note:* If the PAN was sent and the member was found two REF segments will be returned in the 271 — one for the PAN and one for the SSN.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	REF01	Reference Identification Qualifier	SY HJ	This field can contain one of the following values based upon the information received in the inquiry: • "SY" — Indicates that the subscriber's SSN will be returned in REF02. • "HJ" — Indicates that the subscriber's PAN will be returned in REF02.
2100C	REF02	Subscriber Supplemental Identifier		This field can contain either the subscriber's PAN or SSN as qualified by REF01.
2100C	N3	Subscriber Address		This segment will be used to indicate a subscriber's street address. The address will appear as it is contained in the information source's files, regardless of what is sent in the inquiry.
2100C	N4	Subscriber City, State, ZIP Code		This segment will be used to indicate a subscriber's additional address information. The information will appear as it is contained in the information source's files, regardless of what is sent in the inquiry.
2100C	AAA	Subscriber Request Validation		This segment will be used to report any errors detected in the associated 2100C loop of the inquiry.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	AAA03	Reject Reason Code	15 42 43 48 51 52 57 58 60 61 62 63 72 73 75	This field will contain one of the following values: • "15" — Required application data missing. • "42" — Unable to respond at current time. • "43" — Invalid/missing provider identification. • "48" — Invalid/missing referring provider identification. • "51" — Provider not on file. • "52" — Service dates not within provider plan enrollment. • "57" — Invalid/missing dates of service. • "58" — Invalid date of birth. • "60" — Date of birth follows date(s) of service. • "61" — Date of death precedes date(s) of service. • "62" — Date of service not within allowable inquiry period. • "63" — Date of service in future. • "72" — Invalid subscriber ID. • "73" — Invalid/missing subscriber/insured name. • "75" — Subscriber not found.
2100C	AAA04	Follow-up Action Code	C	This field will contain "C" to indicate that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2100C	PRV	Provider Information		This segment will not be returned.
2100C	DMG	Subscriber Demographic Information		
2100C	DMG01	Date Time Period Format Qualifier	D8	This field will contain "D8" to indicate that a date will be expressed in the format CCYYDDMM in DMG02.
2100C	DMG02	Subscriber Birth Date		This field will contain the subscriber's date of birth in the format CCYYMMDD.
2100C	DMG03	Subscriber Gender Code	F M U	• "F" — Female. • "M" — Male. • "U" — Unknown.
2100C	INS	Subscriber Relationship		This segment will not be returned.
2100C	HI	Subscriber Health Care Diagnosis Code		This segment will not be returned.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	DTP	Subscriber Date		This segment will contain the requested eligibility date in the format CCYYMMDD.
2100C	MPI	Subscriber Military Personnel Information		This segment will not be returned.
2110C	EB	Subscriber Eligibility or Benefit Information		Multiple EB segments may be used to communicate coverage information during the time period indicated in the related DTP segment. The following types of information will be communicated here: • Medicaid coverage. • Medicare coverage. • Private insurance. • Medicaid managed care program. • Lock-in information. See Section 4 of this guide for more information.
2110C	HSD	Health Care Services Delivery		This segment will not be returned.
2110C	REF	Subscriber Additional Information		The REF segment will occur at this level of the response in association with Medicare coverage to provide the health insurance claim (HIC) number or in association with private insurance coverage to provide the policy number and group number. Each private insurance policy will have an associated policy number and may or may not have an associated group number.
2110C	REF01	Reference Identification Qualifier	18 1L 6P F6	This field will contain one of the following qualifiers: • "18" — Plan Number. • "1L" — Group or policy number. • "6P" — Group number. • "F6" — HIC Number.
2110C	REF02	Subscriber Eligibility or Benefit Identifier		This field will contain the subscriber's group number, policy number, HIC number, or plan number as qualified by REF01.
2110C	REF03	Plan, Group or Plan Network Name		This element will include the private insurance policy name when REF01=6P.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	307	This field will contain "307" to indicate eligibility.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	DTP02	Date Time Format Qualifier	D8 RD8	This field will contain one of the following values: • "D8" — Indicates that a date will be expressed in the format CCYYMMDD in DTP03. • "RD8" — Indicates that a range of dates will be expressed in the format CCYYMMDD-CCYYMMDD in DTP03.
2110C	DTP03	Eligibility or Benefit Date Time Period		This field will contain the date or dates related to the eligibility or benefit information in the 2110C loop.
2110C	AAA	Subscriber Request Validation		This segment will not be returned.
2110C	MSG	Message Text		This segment can contain a number of different messages that describe a subscriber's benefits/status: • If the subscriber's PAN shows a status of lost/stolen card, the MSG segment will contain a message indicating that status. • In conjunction with Medicaid eligibility, the MSG segment will contain a message if the subscriber has additional eligibility that has not been displayed. • If the subscriber resides in a Health Professional Shortage Area (HPSA), the MSG segment will indicate that information. • In conjunction with managed care program enrollment information, the MSG segment will contain messages associated with certain program enrollments. • In conjunction with private insurance, the MSG segment will instruct the provider to call the carrier for coverage information. • In conjunction with private insurance coverage, the MSG segment will contain a message if the subscriber has additional coverage that has not been displayed.
2110C	III	Subscriber Eligibility or Benefit Additional Information		This segment will not be returned.

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	LS	Loop Header		This segment will be used only when a 2120C loop will be generated.
2110C	LS01	Loop Identifier Code	2120	This field will contain the value “2120”.
2120C	NM1	Subscriber Benefit Related Entity Name		This segment will provide identifying information regarding any lock-in providers, private insurance companies, or managed care programs identified in the EB segment.
2120C	NM101	Entity Identifier Code	IL PRP	This field will contain one of the following values: • “IL” — Insured or Subscriber. • “PRP” — Primary Payer.
2120C	NM103	Benefit Related Entity Last or Organization Name		This field will contain the name of the entity identified in NM101.
2120C	NM108	Identification Code Qualifier	SV	When Medicaid managed care or lock-in information is being returned, this field will contain “SV” to indicate service provider.
2120C	NM109	Benefit Related Entity Identifier		When Medicaid managed care or lock-in information is being returned, this field will contain the managed care program’s assigned ID.
2120C	N3	Subscriber Benefit Related Entity Address		This segment will be used to indicate street address information for private insurance companies.
2120C	N4	Subscriber Benefit Related City, State, ZIP Code		This segment will be used to indicate additional address information for private insurance companies.
2120C	PER	Subscriber Benefit Related Contact Information		This segment will provide telephone numbers for managed care programs, lock-in providers, and private insurance companies.
2120C	PRV	Subscriber Benefit Related Provider Information		This segment will not be returned.
2120C	LE	Loop Trailer		
2120C	LE01	Loop Identifier Code	2120	If loop 2120C is present, this field will contain the value “2120”.
	IEA	Interchange Control Trailer		
	IEA01	Number of Functional Groups Included in an Interchange		This field will contain the number of functional groups included in the interchange.
	IEA02	Interchange Control Number		The number in this field will be identical to the number entered in ISA13.

4 Transaction Instructions Additional Information

4.1 Business Scenarios

4.1.1 Terminology

The term “subscriber” will be used as a generic term throughout the companion guide. This term could refer to any one of the following programs for which the 270/271 Health Care Eligibility/Benefit Inquiry and Information Response (270/271) transaction is being processed:

- BadgerCare Plus.
- SeniorCare.
- Wisconsin Chronic Disease Program.
- Wisconsin Medicaid.
- Wisconsin Well Woman Program.

4.1.2 Member Limit

File Size is restricted to 99 member inquiries per 270 transaction set. One transaction set includes all data between and including a Transaction Set Header (ST) segment and Transaction Set Trailer (SE) segment. The response system will attempt to provide one response transaction set per inquiry transaction set.

4.1.3 271 Interpretation Guidelines

The following five types of eligibility and benefit information can be returned in a ForwardHealth interChange 271 eligibility response:

- Wisconsin health care program eligibility.
- Medicare coverage.
- Medicaid managed care program enrollment.
- Lock-In status.
- Private insurance coverage.

It is important that all aspects of a subscriber’s eligibility and benefits are considered when reading an eligibility response. The simple fact that a subscriber is eligible in a health program does not always indicate that the health program should be billed for services rendered. If a subscriber has coverage through private insurance, Medicare, or Medicaid managed care, services should be billed accordingly. For questions regarding appropriate

billing procedures, providers should refer to the ForwardHealth Online Handbook.

All eligibility and benefit information is accompanied by effective dates. It is important that effective dates are considered in combination with the dates of service submitted in the inquiry. If eligibility information is requested for a range of dates, it is possible that the subscriber's coverage may vary at times throughout the range of service dates.

4.1.4 Notes on 270 Search Hierarchy

1. If the PAN is present a search of the database is made for the PAN. If no member is found a AAA segment with a value of 75 (Subscriber not found) in AAA03 is returned.
2. If Medicaid ID is present, a search of the database is made for the medical ID. If no member is found, a AAA segment with a value of 75 (Subscriber not found) in AAA03 is returned.
3. If last name (first seven characters), first name (first five characterss), and SSN are present, a search of the database is made for the name and SSN match. If no member is found, a AAA segment with a value of 75 (Subscriber not found) in AAA03 is returned.
4. If last name (first seven characters), first name (first five chars), and date of birth (DOB) are present, a search is made for the name and DOB match. If no member is found, a AAA segment with a value of 75 (Subscriber not found) in AAA03 is returned.
5. If SSN and DOB are present, a search is made for the SSN and DOB match. If no member is found, a AAA segment with a value of 75 (Subscriber not found) in AAA03 is returned.
6. If none of the above information is available to try any of the above searches, a AAA segment with a value of 15 (Required application data missing) in AAA03 is returned.
7. All Wisconsin members of the programs listed in section 4.1.1 of this guide are defined as "subscribers." It is not possible to search by Subscriber Identification Number using the Dependent loop.

8. If the search for a subscriber is successful, the subscriber's identifying information contained in the 271 response will be taken from the applicable eligibility file.

4.1.5 Notes on Parameters for Requesting Future Eligibility

1. If the date the eligibility request is made is before the 20th of the month, then ForwardHealth allows you to inquire on eligibility up to and including the last day of the month.

   For example: If you requested eligibility information on the 15th of November, you could request eligibility information all the way up to and including November 30th.

2. If the date the eligibility request is made is after the 19th (20th or greater), then ForwardHealth allows you to inquire about eligibility up to and including the last day of the following month.

   For example: If you requested eligibility information on the 21st of November, you could request eligibility information all the way up to and including December 31st.

5 270/271 Eligibility, Benefit, or Coverage Inquiry and Response Notes

The EB segment of the 2110C loop in the 271 eligibility response can contain many different types of information relating to the subscriber and can repeat several times. The following grids show the different types of information that can be returned in the EB segment.

ForwardHealth Eligibility

Medicaid eligibility must be considered in conjunction with all other indicated benefits for appropriate billing.

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain one of the following values: • "1" — Indicates active coverage. • "6" — Indicates inactive coverage. • "T" — Indicates card reported lost or stolen. If this value is returned in EB01, the EB segment will be immediately terminated and EB02-EB04 will not be present.
2110C	EB02	Coverage Level Code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service Type Code	If active coverage is indicated in EB01, this field will contain the applicable minimum benefit plan coverage codes from the list below. Note that the EB03 element will repeat up to 10 times to return the applicable coverage codes. New minimum requirements: • "1" — Medical Care. • "33" — Chiropractic. • "35" — Dental Care. • "47" — Hospital. • "86" — Emergency Services. • "88" — Pharmacy. • "98" — Professional (Physician) Visit — Office. • "AL" — Vision (Optometry). • "MH" — Mental Health. • "UC" — Urgent Care.
2110C	EB04	Insurance Type Code	This field will contain the value "MC" to indicate that ForwardHealth is the coverage being referenced.
2110C	EB05	Plan Coverage Description	This field will contain the benefit plan name.*

***** Medicaid EB05 Values:

- Alien Emergency Services Only.
- BC+ Benchmark EE for Pregnant Women.
- BC+ Benchmark Plan.
- BC+ Benchmark Plan and Dental.
- BC+ Standard EE for Pregnant Women.
- BC+ Standard Plan.
- BC+ Std for Drug, BC+ BMP for all other w/ dental.
- BadgerCare Plus Basic Plan.
- BadgerCare Plus Core Plan 1.
- BadgerCare Plus Core Plan 2.
- CRS Waiver.
- Dental Ortho/Dentures Only.
- Family Care Non-MA.
- Family Planning Services Only.
- Medicaid.
- Medicaid Purchase Plan.
- Medicaid Purchase Plan Waiver.
- Medicaid Waiver.
- Medicaid for Foster Care.
- Medicaid for SSI.
- Qualified Disabled Working Individuals.
- Qualified Medicare Beneficiary.
- Senior Care 2 — Over 200% FPL.
- Senior Care Level 1 — 0 to 200% FPL.
- Specified Low-income Medicare Beneficiary.
- Specified Low-income Medicare Beneficiary Plus.

- Tuberculosis Services Only.
- Wisconsin Well Woman Medicaid.

Medicare

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain the value “U” to indicate other or additional payer.
2110C	EB02	Coverage Level Code	This field will contain the value “IND” to indicate individual.
2110C	EB03	Service Type Code	This field will not be populated as ForwardHealth is not the true information source.
2110C	EB04	Insurance Type Code	This field will contain one of the following values: • “MA” — Indicates that Medicare Part A is the coverage being referenced. • “MB” — Indicates that Medicare Part B is the coverage being referenced. • “OT” — Indicates Medicare Prescription Drug coverage.

Medicaid Managed Care Program

This structure will be used for Family Care, Medicaid-contracted HMOs, and special managed care programs.

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain the value “MC” to indicate managed care coordinator.
2110C	EB02	Coverage Level Code	This field will contain the value “IND” to indicate individual.
2110C	EB03	Service Type Code	This field will not be populated as benefit details are returned in the ForwardHealth EB repetition.
2110C	EB04	Insurance Type Code	This field will contain the value “HM” to indicate HMO.
2110C	EB05	Plan Coverage Description	This field will contain the description of the managed care program.*

***** Managed Care EB05 Values:

- Children Come First.
- Core — HMO — Medical.
- Family Care.
- HMO — Medical.
- HMO —- Medical/Chiro.
- HMO — Medical/Chiro/Dental.
- HMO - Medical/Dental.
- PACE/Partnership.
- SSI — Dane — Medical.
- SSI — Dane — Medical/Chiro.
- SSI — Dane — Medical/Chiro/Dental.
- SSI — Dane — Medical/Dental.
- SSI — Milw — Medical/Dental.
- SSI — Milw — Medical.
- SSI — Milw — Medical/Chiro.
- SSI — Milw — Medical/Chiro/Dental.
- Wraparound Milwaukee.

Lock-In

Loop	Element	Name	Instruction
2110C	EB01	Eligibility or Benefit Information	This field will contain the value “N” to indicate service restricted to the following provider.
2110C	EB02	Coverage Level Code	This field will contain the value “IND” to indicate individual.
2110C	EB03	Service Type Code	Each lockin instance will return the one benefit code from the minimum requirements which best represents the lockin. New minimum requirements: • “1” — Medical Care. • “33” — Chiropractic. • “35” — Dental Care. • “47” — Hospital. • “86” — Emergency Services. • “88” — Pharmacy. • “98” — Professional (Physician) Visit — Office. • “AL” — Vision (Optometry). • “MH” — Mental Health. • “UC” — Urgent Care.
2110C	EB04	Insurance Type Code	This field will contain the value “OT” to indicate other.
2110C	EB05	Plan Coverage Description	This will contain the lock-in type name (for example, Lockin Controlled Substances).

Private Insurance

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain the value “U” to indicate other or additional payer.
2110C	EB02	Coverage Level Code	This field will contain the value “IND” to indicate individual.
2110C	EB03	Service Type Code	This field will not be populated as ForwardHealth is not the true information source.
2110C	EB04	Insurance Type Code	This field will contain the value “OT” to indicate other.
2110C	EB05	Plan Coverage Description	This field may contain plan information (for example, MAJOR MEDICAL).

Sample 5010 271 Member Loop

NM1*IL*1*MEMBERLAST*FIRST*M***MI*1111111111~ **Medicaid Number**
REF*SY*222222222~ **SSN**
REF*HJ*3333333333333333~ **PAN Number (sent if included in 270 search criteria)**
N3*4321 OCEAN BLVD*APT 2~ **Member Address**
N4*MADISON*WI*53714~
DMG*D8*19451003*M~ **DOB, Male**
DTP*307*RD8*20100101-20101231~ **270 Range of Coverage Queried**
DTP*102*D8*20101117~ **Date PAN Number Assigned**
EB*1*IND*1^33^35^47^86^88^98^AL^MH^UC*MC*BC+ Benchmark Plan and Dental~ **Medicaid Coverage**
DTP*307*RD8*20101201-20101231~
MSG*PARTIAL~
EB*U*IND**MA~ **Medicare Coverage**
REF*F6*3333333333~
DTP*307*RD8*20100901-20100930~

EB*U*IND**OT*MAJOR MED~ **Commercial Insurance Coverage**
REF*1L*232323*~
REF*6P*454545*AMERICAN FAMILY INSURANCE GRP ~
DTP*307*RD8*20101001-20101031~
LS*2120~
NM1*IL*1*POLICYHOLDERLAST*FIRST~
N3600 AMERICAN PARKWAY~
N4*MADISON*WI*53783~
PER*IC**TE*6082492111~
LE*2120~
EB*N*IND*35*OT*Lockin Dental~ **Lockin**
DTP*307*RD8*20101101-20101130~
LS*2120~
NM1*1P*1*DEAN*LAURA****SV*88888888~
PER*IC**TE*6514391234~
LE*2120~
EB*MC*IND**HM*Family Care~ **Managed Care**
DTP*307*RD8*20101101-20101231~
LS*2120~
NM1*PRP*2*FOND DU LAC COUNTY CMO*****SV*69008888~
PER*IC**TE*9209065100~
LE*2120

5.1 Payer Specific Business Rules and Limitations

5.1.1 Scheduled Maintenance

ForwardHealth recycles the real-time servers every night between 00:00 a.m. to 01:00 a.m. Central Standard Time (CST). Real-time processing is not available during this period.

ForwardHealth schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. CST. Real-time processing is not available during this period.

5.2 Frequently Asked Questions

5.3 Other Resources

Washington Publishing Company (WPC) at *www.wpc-edi.com/*.
ASC X12 at *www.x12.org/*.

For further information about how ForwardHealth interChange processes a HIPAA transaction, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979.

6 Transaction Instructions Change Summary

Version 1.1 Revision Log

Companion Document: 270/271 Health Care Eligibility Benefit Inquiry and Response
Approved: 02/2012
Modified by: DJC

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	4, 9, 14				Corrected version to 005010X279A1.
2110C	19	REF03	Plan, Group or Plan Network Name		Corrected text to specify REF03 is only present when REF01 = 6P.
	27		Sample 5010 271 Member Loop		Corrected example to demonstrate REF03 is only present when 2110C REF01 = 6P.